

tion may be accomplished by different methods, no one of which has any marked superiority above the others. That portion of the mesentery which belongs to the resected intestine should be cut away, and the corresponding edges must be carefully approximated and sutured.

The choice of the method of suture is not so essential, presupposing the principle of Lembert is understood.

The selection of the material for suture is not of special importance, but it is of the greatest importance that these sutures be passed in absolutely healthy tissues. After suturing, the intestine is to be replaced in all cases.

The radical operation can be completed only when there is no peritonitis and the sutures are in absolutely healthy tissues. If there be the least doubt, then the intestine should be fixed in the abdominal wound and protected by tampons. In all cases where the radical operation is not performed, the abdominal wound should be thus treated.

During the first few days after the operation the diet must be limited and opium given as is necessary.—*Centralblatt für Chirurgie*, January 21, 1893, p. 62.

JOHN B. WALKER (New York).

#### GENITO-URINARY ORGANS.

**I. Thirty-two Cases of Operation for Tumors of the Urinary Bladder.** By E. H. FENWICK, F.R.C.S. (London). Fenwick has operated thirty-two times with a definite object of removing tumors which had been diagnosed as being present. The first case proved a mistaken diagnosis, for the tumor was merely a small papillomatous-like tag coexisting with tuberculous disease. In another, a female case, he deemed it best to leave the tumor alone, but, probably with increased experience and better methods of removal, he states that he should not again hesitate to dissect a similar growth away. It proved to be a very dense epitheliomatous ulcer. On thirty occasions he removed tumors. The perineal operation was performed three times, because the growth was near the urethral ori-

fice, the female urethra was dilated in eight instances, and the suprapubic route was chosen nineteen times. There were two deaths as the direct result of the operation. Both patients were males; both were the subject of a small but pure villous papilloma. The operation was easy in both cases, but both cases died of suppression. Both had had epidemic influenza three or four days before the operation.

One carcinoma recurred three months after a very thorough removal. Four other cases have recurred, and have been operated upon. All the cases, with the exception of the three cases mentioned, are living and in good bladder health. It is, however, too early to speak about "cure," for five years have not elapsed in any case, though one has already passed the fourth year in perfect health.

He attributes much of his success to a careful selection of favorable cases by means of the cystoscope, and here it may be remarked how very fully the character of that instrument has been vindicated by these results.

Not only did he only once cut into a bladder to remove a tumor which did not exist, but he had been enabled to select out of a hundred cases of vesical growth those cases which repaid operative interference. Moreover, out of some hundreds of cases of obscure urinary disease, it has enabled the author to select at least fifty cases of vesical growth the existence of which he would have been unable to pronounce with certainty without digital exploration. Much needless instrumentation and operation was thereby avoided. He states that he is much influenced, among other conditions, by the color of the tumor. If the tumor surface be translucent and of a pinkish hue, and exhibits no signs of necrosis, he knows that he is dealing at least with a growth in a favorable stage. The smoother the tumor the more one may be inclined to suspect its deeper origin, for surface epitheliomata have a great tendency to produce a true villous surface. If the tumor is white or grayish-white invariably epithelioma may be diagnosed. It is also extremely suspicious of malignancy to see a powdering of white phosphate of lime upon a tumor which has only lately declared itself.

He declared that the removal of a growth of the favorable type from the bladder is a simple and safe operation. The danger, if danger exists, lies in attacking carcinomata in their advanced stage or in ablating tumors of a benign type which have been long enough in existence to cause serious renal changes from backward pressure, or which have been suffered to enter the period of cystitis either by neglect or by maltreatment. Finally, he urges the necessity for regarding non-infiltrating tumors of the bladder in the same light which we are taught to look upon stone in the bladder. The sooner the operation is performed the better for the patient.—*British Medical Journal*, June 10, 1893.

#### EXTREMITIES.

**Nerve Injuries Complicating Fractures of the Upper Extremity, with Six Cases.** By E. DEANESLY, M.D. (Wolverhampton). Six cases have occurred at the General Hospital, Wolverhampton, during the past two and a half years, and the author thinks that nerve injuries of this kind are in reality of less rarity than might be supposed from the number of recorded cases. Many such cases are probably not detected, the symptoms being regarded as effects of disuse, or confused with the stiffness of joints and muscles which commonly occurs after fractures. Cases, too, in which nerve lesions have been produced by undue pressure of splints are, for obvious reasons, little likely to be recorded.

Of the six cases recorded, four are fractures of the humerus and two of the bones of the fore-arm. Of the four fractures of the humerus, three were complicated with paralysis of the musculo-spiral, and one with paralysis of the median and ulnar nerves, showing, as in the cases cited by Bowlby, the much greater frequency of lesions of the musculo-spiral. Of the two cases of fracture of the fore-arm, one was complicated with paralysis of the median, the other with paralysis of the posterior interosseous, a complication of which Bowlby remarks that he has been unable to find any recorded case.

As regards the mode of production of these nerve injuries, they